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APPLICANTS

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** CONTINUING DATA *****

None N.N

** FOREIGN APPLICATIONS *****

None N.N

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

20985

TITLE

Packet forwarding

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